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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

May 08 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058539 (3)

LA PLAYA DE VARADERO RESTAURANT, INC.						No.	all traces	vi di		12
					i _a .					

Principal Plac	e of Business	Mailing Address								
	VEST 137TH AVENUE	2450 SOUTHWEST 137TH	AVENUE				P 16			1)
SUITE 221		SUITE 221								
MIAMI FL 331	75	MIAMI FL 33175-6332				9 Date Incorr	orated or Qualified	96 D	ate of Last F	lanori
		•	* .* *			07/11/19	96	90, 1	alo oi rasi i	iopoit .
2. Principal F	Place of Business	2a. Mailing Address			······································	4. FEI Numbe				oplied For
21		26			· .	65-0	67870	6		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<u></u>	······	······································					Additional
22		27		:		5. Certificate	ol Status Desired			equired
City & Sta	lo	City & State		!		6. Election Ca	mpaign Financing		\$5.00	May Be
23		28					Contribution			to Fees
Zip	Country	Zip	Count	ry			ation has liability fo	inumalble		. 199.032,
24	25	29	30			Florida Stat			∐ No	. 1
	g, Name and Address of Curre	ent Registered Agent		at		10. Name and	Address of New R	egistered	Agent	
CABALLERO, MARCIA B				1 Name			4.4			
2450 SOUTHWEST 137TH AVENUE			6	2 Stree	t Addre	ss (P.O. Box Nur	nber is Not Accepta	ible)		. मे
	TE 221					······································				
MIA	MI FL 33176		8	3	٠.	-		1.74		
	or o		8	4 City	,				85 Zip	Code
	•			1: 1			, s seed	FL		
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Statem (amiliar with, and accept the obli	i02 and 607.1508, Florida Statu	tes, the abo	ve-name	d corpo	ration submits th	is statement for the	purpose o	i changing i	ts registered
agent. I	am familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statut	es.	Porecio	NI O OCCIONI ON ONI O		SP, We MP	CONTRIBUTE MA	108/010/04
SIGNATURE		·					- E - 1	(1) A.L		
	Signature, typed or printed name of registered as			gent signally	re required	d when reinstating)	bea to nee	DATE	. A.L. AVA.	A 11. 20
12.	PD OFFICERS AF	ND DIRECTORS DELETE	13.		· T	ADDITIONS	CHANGES TO OFFI	CERS AN	Change	Addition
TITLE	BERNAL, GERARDO	C Derest	1.1 TITLE					, 1	,	- La coombin
NAME	3551-SOUTHWEST-139TH-A	ACNUAL.	1.2 NAM	ET ADDRESS	33	35/51	N 139Th	AVE	NUE	
STREET ADDRESS	MIAMI FL 33175	TERTO 6		1	-	IAMI	FL 3			
CITY-ST-ZIP TITLE	VSD	DELETE	1.4 City 2.1 Title		1///	171111	<i></i>		Change	Addition
NAME	MARIN, VICTOR	Fill printing	2.3 MAM		1 7			31	C Charles	Contraction
STREET ADDRESS	11455 WEST FLAGLER STRE	ET APT 612		Et address				1	1	
City-St-ZIP	MIAMI FL 33174	William Arm	2.4 CITY				4	1 67		
TITLE	Ing Sin 1 & South	DELETE	3.1 TITLE	***********				96	L Change	Addition
NAME			3.2 NAM	1				Sie		
STREET ADDRESS				et adoress				¥ .		
CITY -ST-ZIP		•	3.4. CITY					1.0		
THE		☐ DELETE	4.1 TITLE		+				Change	Addition
NAME		_	4.2 HAM			•		1 1	•	· 1
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP					1					
TITLE	· · · · · · · · · · · · · · · · · · ·			- 1			7			_
NAME		L_ DELETE	4.4 CITY	ST-ZIP	-		7		Change	Addition
STREET ADDRESS		☐ DELETE	4.4 CITY	-ST-ZIP					Change	Addition
		☐ DELETE	4.4 CITY 5.1 TITLE 5.2 NAME	-ST-ZIP				A	Charge 5/8	Addition 192
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	ST-ZIP				A	Change 5/8	Ajaddition 192
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY 5.1 TITLE 5.2 NAME	-ST-ZIP ET ADDRESS -ST-ZIP				A	Change	Addition Addition
	i	•	4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY	-ST-ZIP E ET ADORESS -ST-ZIP		mmr)nn215	N		192
TITLE	i	•	4.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAMI	-ST-ZIP E ET ADORESS -ST-ZIP		00C	0021E	1 0148-		192

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: